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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing      **OR**       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

|                        |                        |
|------------------------|------------------------|
| Attorney Docket Number | 2003-0072.01           |
| First Named Inventor   | James D. Anderson, Jr. |
| COMPLETE IF KNOWN      |                        |
| Application Number     |                        |
| Filing Date            |                        |
| Art Unit               |                        |
| Examiner Name          |                        |

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Sealed Fluidic Interfaces Utilizing Laser Welding

*(Title of the Invention)*

the specification of which

 is attached hereto**OR** was filed on (MM/DD/YYYY)  as United States Application Number or PCT InternationalApplication Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed     | Certified Copy Attached? Yes | Certified Copy Attached? No |
|-------------------------------------|---------|----------------------------------|--------------------------|------------------------------|-----------------------------|
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>    |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>    |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>    |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>    |

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number: **21972** OR  Correspondence address below

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State \_\_\_\_\_

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**

A petition has been filed for this unsigned inventor

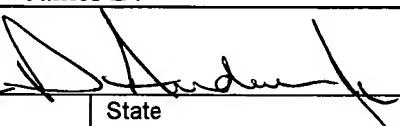
Given Name  
(first and middle [if any])

James D.

Family Name  
or Surname

Anderson, Jr.

Inventor's  
Signature



Date

12-11-03

Residence: City

Harrodsburg

State

KY

Country

Citizenship

U.S.

Mailing Address  
207 Beams Dr.

City

Harrodsburg

State

KY

ZIP

40330

Country

U.S.A.

**NAME OF SECOND INVENTOR:**

A petition has been filed for this unsigned inventor

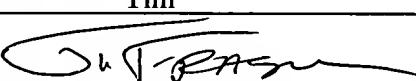
Given Name  
(first and middle [if any])

Tim

Family Name  
or Surname

Frasure

Inventor's  
Signature



Date

12/11/03

Residence: City

Georgetown

State

KY

Country

Citizenship

U.S.

Mailing Address  
423 Finnell Rd.

City

Georgetown

State

KY

ZIP

40324

Country

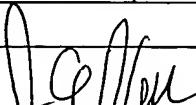
U.S.A.



Additional inventors or a legal representative are being named on the 2 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 1 of 2

|   |                        |   |                  |
|---|------------------------|---|------------------|
| <b>Name of Additional Joint Inventor, if any:</b>   |                        | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                  |
| Given Name (first and middle (if any))  |                        | Family Name or Surname  |                  |
| James A.<br>     |                        | Kerr  |                  |
| Inventor's Signature  | Date <u>12/11/2003</u> |   |                  |
| Residence: City Lexington   | State KY               | Country U.S.A.  | Citizenship U.S. |
| Mailing Address 2875 Palumbo Dr.  |                        |   |                  |
| Mailing Address Apt. #206   |                        |   |                  |
| City Lexington  |                        | State KY  | Zip 40509        |
| <b>Name of Additional Joint Inventor, if any:</b>   |                        | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                  |
| Given Name (first and middle (if any))  |                        | Family Name or Surname  |                  |
| Steven R.<br>    |                        | Komplin   |                  |
| Inventor's Signature  | Date <u>11 DEC 03</u>  |   |                  |
| Residence: City Lexington   | State KY               | Country U.S.A.  | Citizenship U.S. |
| Mailing Address 2201 Escondida Way  |                        |   |                  |
| Mailing Address   |                        |   |                  |
| City Lexington  |                        | State KY  | Zip 40515        |
| <b>Name of Additional Joint Inventor, if any:</b>   |                        | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                  |
| Given Name (first and middle (if any))  |                        | Family Name or Surname  |                  |
| Matthew J.<br> |                        | Russell   |                  |
| Inventor's Signature  | Date <u>12/11/03</u>   |   |                  |
| Residence: City Stamping Ground   | State KY               | Country U.S.A.  | Citizenship U.S. |
| Mailing Address 252 Galloway Rd.  |                        |   |                  |
| Mailing Address   |                        |   |                  |
| City Stamping Ground  |                        | State KY  | Zip 40379        |
|   |                        | Country U.S.A.  |                  |

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 2 f 2

|   |                      |   |                          |
|---|----------------------|---|--------------------------|
| <b>Name of Additional Joint Inventor, if any:</b> |                      | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                          |
| Given Name (first and middle (if any)             |                      | Family Name or Surname  |                          |
| Ann M.  |                      | Trebolo   |                          |
| Inventor's Signature                              | <i>Ann Trebolo</i>   |   | Date <u>12-11-2003</u>   |
| Residence: City Nicholasville                     | State KY             | Country U.S.A.  | Citizenship U.S.         |
| Mailing Address 100 Orange Blossom Ct.            |                      |   |                          |
| Mailing Address                                   |                      |   |                          |
| City Nicholasville                                |                      | State KY  | Zip 40356                |
| <b>Name of Additional Joint Inventor, if any:</b> |                      | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                          |
| Given Name (first and middle (if any)             |                      | Family Name or Surname  |                          |
| Jon B.  |                      | Whitney   |                          |
| Inventor's Signature                              | <i>Jon B Whitney</i> |   | Date <u>Dec 11, 2003</u> |
| Residence: City Georgetown                        | State KY             | Country U.S.A.  | Citizenship U.S.         |
| Mailing Address 168 Drake Lane                    |                      |   |                          |
| Mailing Address                                   |                      |   |                          |
| City Georgetown                                   |                      | State KY  | Zip 40324                |
| <b>Name of Additional Joint Inventor, if any:</b> |                      | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                          |
| Given Name (first and middle (if any)             |                      | Family Name or Surname  |                          |
|   |                      |   |                          |
| Inventor's Signature                              | Date                 |   |                          |
| Residence: City                                   | State                | Country   | Citizenship              |
| Mailing Address                                   |                      |   |                          |
| Mailing Address                                   |                      |   |                          |
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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

|                        |   |
|------------------------|---|
| Application Number     |   |
| Filing Date            |   |
| First Named Inventor   | James D. Anderson, Jr.                            |
| Title                  | Sealed Fluidic Interfaces Utilizing Laser Welding |
| Art Unit               |   |
| Examiner Name          |   |
| Attorney Docket Number | 2003-0072.01                                      |

I hereby appoint:

 Practitioners associated with the Customer Number:

21972

OR

 Practitioner(s) named below:

| Name | Registration Number |
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

 Firm or Individual Name

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State

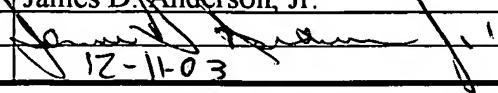
Zip

Country

Telephone

Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).***SIGNATURE of Applicant or Assignee of Record**Name James D. Anderson, Jr.Signature Date 12-11-03

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 \*Total of 7 forms are submitted.

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| <b>Application Number</b>     |   |
| <b>Filing Date</b>            |   |
| <b>First Named Inventor</b>   | James D. Anderson, Jr.                            |
| <b>Title</b>                  | Sealed Fluidic Interfaces Utilizing Laser Welding |
| <b>Art Unit</b>               |   |
| <b>Examiner Name</b>          |   |
| <b>Attorney Docket Number</b> | 2003-0072.01                                      |

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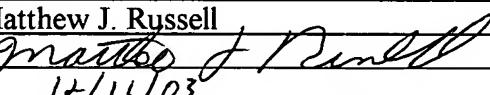
Country

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*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).***SIGNATURE of Applicant or Assignee of Record**

|           |   |           |          |
|-----------|---|-----------|----------|
| Name      | Matthew J. Russell  |           |          |
| Signature |  |           |          |
| Date      | 12/11/03  | Telephone | 232-7176 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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|------------------------|---|
| Application Number     |   |
| Filing Date            |   |
| First Named Inventor   | James D. Anderson, Jr.                            |
| Title                  | Sealed Fluidic Interfaces Utilizing Laser Welding |
| Art Unit               |   |
| Examiner Name          |   |
| Attorney Docket Number | 2003-0072.01                                      |

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*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).***SIGNATURE of Applicant or Assignee of Record**

|           |                       |           |              |
|-----------|-----------------------|-----------|--------------|
| Name      | Jon B. Whitney        |           |              |
| Signature | <i>Jon B. Whitney</i> |           |              |
| Date      | Dec 11, 2003          | Telephone | 502-867-0491 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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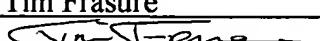
 The address associated with Customer Number:

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|--|
|  |
|--|

OR

 Firm or Individual Name Address Address City State Zip Country Telephone Fax

I am the:

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*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).***SIGNATURE of Applicant or Assignee of Record**Name Tim FrasureSignature Date 12/11/03Telephone 859-232-4272

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 Firm or Individual Name

Address

Address

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State

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*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).***SIGNATURE of Applicant or Assignee of Record**

|           |                    |           |              |
|-----------|--------------------|-----------|--------------|
| Name      | Ann M. Trebolo     |           |              |
| Signature | <i>Ann Trebolo</i> |           |              |
| Date      | 12-11-2003         | Telephone | 859-232-2613 |

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| Examiner Name          |   |
| Attorney Docket Number | 2003-0072.01                                      |

I hereby appoint:

 Practitioners associated with the Customer Number:

21972

OR

 Practitioner(s) named below:

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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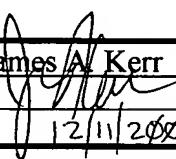
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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name James A. KerrSignature Date 12/11/2003Telephone 859-232-5280

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of 7 forms are submitted.

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INDICATION FORM**

|                        |   |
|------------------------|---|
| Application Number     |   |
| Filing Date            |   |
| First Named Inventor   | James D. Anderson, Jr.                            |
| Title                  | Sealed Fluidic Interfaces Utilizing Laser Welding |
| Art Unit               |   |
| Examiner Name          |   |
| Attorney Docket Number | 2003-0072.01                                      |

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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).***SIGNATURE of Applicant or Assignee of Record**

|           |                          |           |              |
|-----------|--------------------------|-----------|--------------|
| Name      | Steven R. Komplin        |           |              |
| Signature | <i>Steven R. Komplin</i> |           |              |
| Date      | 11 DEC 03                | Telephone | 859 232-4818 |

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